SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

Corporation Name

LITTLE CHURCH OF HOLIDAY, INC.

| rincipal Place of Business | |
|-----------------------------------|--|
| 1161 LONGWOOD HOLIDAY FL 34690 | |
| U\$ | |

Mailing Address

12124 BOHAZ AVE. **NEW PORT RICHEY FL 34654**

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90019 016 ****61.25





| . Principal Place of Business | 2a. Mailing Address | | 3. Date Incorporated or Qualifed 03/08/1982 | |
|---|--|--|--|--|
| 1 | 26 | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| | 27 | | 59-2276682 | Not Applicable |
| City & State | City & State | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| <u> </u> | 28 | | | ` _, |
| Zip Country | Zip Co | untry | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 9. Name and Address of C | | 10. Name and Address of New Registered Agent | | |
| | | 81 Name | | |
| LOWE (REV. IRVINE E.) | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| 12124 BOHAZ AVE NEW PORT RICHEY FL 34654 | | 83 | | |
| | | 84 City | F | 85 Zip Code |
| office or registered agent, or both, in the | 7.0502 and 617.1508, Florida Statutes, the State of Florida. Such change was authorize obligations of, Section 617.0503, Florida Sta | d by the corporation | poration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its registered ointment as registered |

| SIGNATURE | Signature, typed or printed name of registered agent and title if a | pplicable. (NOTE: | Registered Agent signature require | ired when reinstating) DATE |
|----------------|---|-------------------|------------------------------------|---|
| 12. | OFFICERS AND DIREC | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TTLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addi |
| LAME | LOWE (REV. IRVINE E.) | | 1.2 NAME | |
| TREET ADDRESS | 12124 BOHAZ AVE | | 1.3 STREET ADDRESS | |
| ITY-ST-ZIP | NEW PT. RICHEY FL | | 1.4 CITY-ST-ZIP | |
| TTLE | STD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addi |
| AME | LOWE (MARY E.) | | 2.2 NAME | |
| TREET ADDRESS | 12124 BOHAZ AVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PT. RICHEY FL | | 2. 4 CITY-ST-ZIP | |
| TILE - | D | - DELETE | 3.1 TITLE ≈ | Change _ [Addit |
| IAME | BLOUNT (PRISCILLA G.) | | 3.2 NAME | |
| TREET ADDRESS | 12124 BOHAZ AVE | | 3.3 STREET ADDRESS | |
| XTY-ST-ZIP | NEW PT. RICHEY FL | | 3.4. CITY-ST-ZIP | |
| TILE | * | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addi |
| IAM E | , | | 4, 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| HTY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TILE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addi |
| IAME | | | 5.2 NAME | |
| TREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6,1 TITLE | ☐ Change ☐ Addi |
| IAME | | | 6.2 NAME | |
| TREET ADDRESS | | | 6.3 STREET ADDRESS | |
| | THE THEFA TO THE WAR | | 6.4 CITY-ST-ZIP | |

14.-), hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address with all other the empowered.

SIGNATURE:

SIGNATURE: